

In re Application of:

Docket No. 03500.014345.

KATSUMI KARASAWA

Application No.: 09/525,056

Examiner: Roberta A. Stevens

Filed: March 14, 2000

Group Art Unit: 2665

For: IMAGE PROCESSING APPARATUS AND METHOD

Date: December 1, 2003

RECEIVED

Mail Stop Non-Fee Amendment THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

DEC 0 8 2003

Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED									
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE			
TOTAL CLAIMS	* 31	MINUS	**	= 0	x \$9 \$18	\$0.00			
INDEP. CLAIMS	* 7	MINUS	***	= 0	x \$43 \$86	\$0.00			
Fee for Mu									
	\$0.00								

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	A check in the amount of 5	¢

	Charge \$	to Deposit Account N	lo. 06-1205.	A duplicate copy of this she	et is enclosed			
X	1205 is hereby revoked. 37 C.F.R. 1.16 and 1.17 v	The Commissioner is land which may be required	nereby authori during the en	7 C.F.R. 1.18 to Deposit Active to charge any additional tire pendency of this applicate duplicate copy of this paper	l fees under ation, or to			
	A check in the amount of	to cover t	he fee for a	-month extension is enc	losed.			
	A check in the amount of	to cover t	he Informatio	on Disclosure Statement fee	is enclosed.			
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.  Respectfully submitted,							
			•	r Applicant				
30 R New	PATRICK, CELLA, HAF ockefeller Plaza York, New York 10112- imile: (212) 218-2200							

Form #120

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